

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REFORM WISCONSIN FUND		FEC IDENTIFICATION NUMBER ▼ C C00626150	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NonBox			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2016		
Mailing Address 5307 S 92nd St			Amount 365607.50		
City Hales Corners	State WI	Zip Code 53130	Transaction ID : SE.4108		
Purpose of Expenditure Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought		365607.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NonBox			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2016		
Mailing Address 5307 S 92nd St			Amount 10644.48		
City Hales Corners	State WI	Zip Code 53130	Transaction ID : SE.4109		
Purpose of Expenditure Media Production & Shipping		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought		376251.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	376251.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lorri Pickens

[Electronically Filed]

Date

MM / DD / YYYY
09 / 30 / 2016

Signature

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PAGE	2	OF	2
FOR SE OF FORM 24/48			

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M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee Lorri Pickens		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		28		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
09		28		2016									
Mailing Address N4298 12 Corners Road		Amount <table border="1"> <tr> <td colspan="5">26.75</td> </tr> </table>		26.75									
26.75													
City Black Creek	State WI	Zip Code 54106	Transaction ID : SE.4110										
Purpose of Expenditure Media Shipping	Category/ Type 004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
09		30		2016									
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI										
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶											

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Purpose of Expenditure	Category/ Type												
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
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Lorri Pickens

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09		30		2016

Signature